

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Klein and Schultz**Application No.** 10/766,760**Filed:** January 27, 2004**Confirmation No.** 2895**For:** GENE MUTATION ASSOCIATED WITH  
AGE-RELATED MACULAR  
DEGENERATION**Examiner:** Christopher M. Babic**Art Unit:** 1637**Attorney Reference No.** 899-76335-02**SUBMITTED VIA EFS**  
**AUGUST 25, 2006**COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450**TRANSMITTAL LETTER**

Attached is an Amendment and Response to Restriction Requirement for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	20	- 20*	= 0	\$25.00	\$ 0.00
Indep. Claims	5	- 5**	= 0	\$100.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)					\$180.00
One-month Extension of Time					\$60.00 60.00
Two-month Extension of Time					\$225.00
Three-month Extension of Time					\$510.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$60.00</b>

\* greater of twenty or number for which fee has been paid.

\*\* greater of three or number for which fee has been paid.

Applicants petition for an extension of time for the number of months indicated above. If an

additional extension of time is required please consider this a petition therefor.

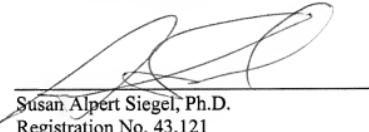
- Charge \$60.00 to Deposit Account No. 02-4550.
- Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550.
- If the Patent and Trademark Office determines that this amendment results in an additional application size fee for pages in excess of 100, please charge the fee to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

Respectfully submitted,

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cc: Docketing